

Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

COVER PAGE - LONG FORM

FILE Date Stamp JAN 31 2006 REGISTRAR OF VOTERS Deputy	CALIFORNIA FORM 460
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COPY

Statement covers period
from 07/01/2005
through 12/31/2005

Date of Election if applicable
(Month, Day, Year) By 06/06/2006

1. Type of Recipient Committee:

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Ballot Measure Committee
☐ Primarily Formed
☐ Controlled
☐ Sponsored
☐ Primarily Formed Candidate Officeholder Committee

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1264907

COMMITTEE NAME

Bill Hunt for Sheriff

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

STREET ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

() /

Treasurer(s)

NAME OF TREASURER

Barrett Garcia

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-30-06
DATE

Executed on 1-30-06
DATE

Executed on
DATE

Executed on
DATE

By Barrett Garcia
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent OR RESPONSIBLE OFFICER OF SPONSOR

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Recipient Committee
Campaign Statement
Cover Page - Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee **6. Ballot Measure Committee**

NAME OF OFFICEHOLDER OF CANDIDATE

William J Hunt

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Sheriff - Coroner, County of Orange

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE

[REDACTED ADDRESS]

Related Committees Not Included in this Statement: *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.*

COMMITTEE NAME		I.D. NUMBER	
NAME OF TREASURER		CONTROLLED COMMITTEE?	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME		I.D. NUMBER	
NAME OF TREASURER		CONTROLLED COMMITTEE?	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			
CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period
from 07/01/2005
through 12/31/2005

CALIFORNIA
FORM 460

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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

I.D. NUMBER
1264907

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 40,724.00	\$ 62,044.00
2. Loans Received Schedule B, Line 7	0.00	15,000.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 40,724.00	\$ 77,044.00
4. Non-monetary Contributions Schedule C, Line 3	8,255.00	8,805.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 48,979.00	\$ 85,849.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ 0 0

21. Expenditures Made \$ 0 0

Expenditures Made

6. Cash Payments Schedule E, Line 4	\$ 68,196.47	\$ 83,179.52
7. Loans Made Schedule H, Line 7	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 68,196.47	\$ 83,179.52
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	13,788.29	13,788.29
10. Nonmonetary Adjustment Schedule C, Line 3	8,255.00	8,805.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 90,239.76	\$ 105,772.81

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditure Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 40,009.07
13. Cash Receipts Column A, Line 3 above	40,724.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	68,196.47
16. ENDING CASH BALANCE Lines 12 + 13 + 14, then subtract Line 15	\$ 12,536.60

If this is a Termination Statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b) \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$ 28,788.29

Schedule A
Monetary Contributions Received

Statement covers period		CALIFORNIA FORM 460
from <u>07/01/2005</u>	through <u>12/31/2005</u>	
Page <u>4</u> of <u>32</u>		I.D. NUMBER 1264907

NAME OF FILER William J Hunt, Bill Hunt for Sheriff

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
07/28/2005	Ashraf M. Abdelmuti [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00	100.00	100.00 (P00)
08/03/2005 08/24/2005 11/19/2005	Harolde Abe [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	99.00 100.00 60.00	259.00	259.00 (P00)
07/28/2005	Abelardo Alinaya [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00	100.00	100.00 (P00)
07/28/2005	Mark L. Alsobrook [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00	100.00	100.00 (P00)
12/28/2005	Lupe Amaya [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	120.00	120.00	120.00 (P00)

SUBTOTAL \$ 679.00

Monetary Contributions Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 33,850.00
- Amount received this period - contributions of less than \$100.
(Do not itemize.) \$ 6,874.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 40,724.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from 07/01/2005 through 12/31/2005	CALIFORNIA FORM 460 Page 5 of 37
I.D. NUMBER 1264907	

NAME OF FILER William J Hunt, Bill Hunt for Sheriff

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
07/28/2005	Angel Andrade [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	200.00	200.00	200.00 (P00)
07/28/2005 08/17/2005 11/30/2005	Richard M. Atkinson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Code Enforcement Officer City of San Clemente	100.00 50.00 120.00	1,270.00	1,270.00 (P00)
08/24/2005 11/19/2005	William J. Baker [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement OC Sheriff's Department	200.00 60.00	609.00	859.00 (P00)
08/10/2005 08/17/2005	Carlos A. Barcelos [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	25.00 100.00	125.00	125.00 (P00)
07/28/2005	Jeff Bardzik [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement OC Sheriff's Department	100.00	150.00	250.00 (P00)
08/17/2005	Sheryl Y. Baum [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Loan Officer Federal City Mortgage Bank	40.00	240.00	240.00 (P00)

SUBTOTAL \$ 995.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period
from 07/01/2005
through 12/31/2005

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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

I.D. NUMBER

1264907

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
07/28/2005	Tony Benfield [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00	100.00	100.00 (P00)
12/30/2005	Judith M. Berry [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant J Berry & Associates Inc.	100.00	100.00	100.00 (P00)
08/24/2005 11/30/2005	Mike Betzler [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lieutenant OCSD	100.00 120.00	320.00 Includes Non-Monetary Contribution(s)	320.00 (P00)
11/30/2005	Chris Bieber [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Bieber Communications	180.00	180.00	180.00 (P00)
08/17/2005 08/24/2005	Mark Billings [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement OC Sheriff's Department	50.00 150.00	250.00	1,250.00 (P00)
08/03/2005	Robert Birdsall [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00 (P00)

SUBTOTAL \$

900.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period

from 07/01/2005

through 12/31/2005

CALIFORNIA FORM 460

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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

I.D. NUMBER

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
09/01/2005 11/19/2005	Kurt Bourne [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement OC Sheriff's Department	99.00 60.00	159.00	1,359.00 (P06)
07/28/2005 11/01/2005 11/19/2005	Aaron Brady [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00 70.00 60.00	330.00	330.00 (P06)
08/17/2005	Jeff Brown [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investigator OCSD	100.00	200.00	200.00 (P06)
10/06/2005	Joel Buchlmayer [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff Orange County Sheriff Dept.	150.00	750.00	750.00 (P06)
11/30/2005	Budiselich & Associates [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		120.00	320.00	320.00 (P06)
12/28/2005	Joseph A. Bull [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	180.00	180.00	180.00 (P06)

SUBTOTAL \$

939.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period		CALIFORNIA FORM 460
from <u>07/01/2005</u>	through <u>12/31/2005</u>	
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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
07/28/2005	Dennis Burke [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00	100.00	100.00 (PO)
12/28/2005	Jack M. Callahan [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Planner AXA Advisors	120.00	120.00	120.00 (PO)
11/30/2005	Carpamel Investments, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		480.00	480.00	480.00 (PO)
07/28/2005	Robert A. Carter [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	200.00	200.00	200.00 (PO)
07/28/2005	Richard D. Castro [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00	100.00	100.00 (PO)
11/30/2005 12/28/2005	Michael Changala [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	20.00 120.00	140.00	140.00 (PO)

SUBTOTAL \$ 1,140.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period		CALIFORNIA FORM 460
from	07/01/2005	
through	12/31/2005	
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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

I.D. NUMBER

1264907

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
09/01/2005	Richard Corona [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	99.00	199.00	199.00 (P06)
07/28/2005	Dan Corwin [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00	100.00	100.00 (P06)
11/28/2005	Harry C. Crowell [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President The Inslo Dico Group	100.00	100.00	100.00 (P06)
07/28/2005 08/24/2005	Mike Curry [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00 100.00	200.00	200.00 (P06)
07/28/2005	Dad's Liquor [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00 (P06)
12/15/2005	William J. Deane [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Builder William Deane	500.00	500.00	500.00 (P06)

SUBTOTAL \$ 1,099.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2005</u>	
through <u>12/31/2005</u>	
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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

I.D. NUMBER
1264907

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
07/28/2005	Kenny Demarro [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00	100.00	100.00 (P06)
07/28/2005	Thomas Dove [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00	100.00	100.00 (P06)
07/28/2005 08/24/2005 11/19/2005	Patrick Duff [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement O.C. Sheriff	100.00 160.00 60.00	870.00	870.00 (P06)
11/28/2005 11/30/2005	Maria Duncan [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accounting Administrator PS Business Parks	80.00 120.00	200.00	200.00 (P06)
07/28/2005	Janet Dunford [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00	100.00	100.00 (P06)
08/24/2005	Econo Tire [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	200.00 (P06)

SUBTOTAL \$ 1,020.00

Schedule A (Continuation Sheet)

Monetary Contributions Received

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2005</u>	
through <u>12/31/2005</u>	

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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

I.D. NUMBER

1264907

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2005	Wayne Eggleston	<input checked="" type="checkbox"/> IND	Real Estate	100.00	150.00	150.00 (P06)
11/28/2005	[REDACTED]	<input type="checkbox"/> COM	Appraisal	50.00		
	[REDACTED]	<input type="checkbox"/> OTH	Wayne Eggleston			
		<input type="checkbox"/> PTY				
		<input type="checkbox"/> SCC				
11/30/2005	Douglas E. Erway	<input checked="" type="checkbox"/> IND	Retired	120.00	120.00	120.00 (P06)
	[REDACTED]	<input type="checkbox"/> COM				
	[REDACTED]	<input type="checkbox"/> OTH				
		<input type="checkbox"/> PTY				
		<input type="checkbox"/> SCC				
12/28/2005	Claudio H. Fabris	<input checked="" type="checkbox"/> IND	Deputy Sheriff	120.00	120.00	120.00 (P06)
	[REDACTED]	<input type="checkbox"/> COM	OCSD			
	[REDACTED]	<input type="checkbox"/> OTH				
		<input type="checkbox"/> PTY				
		<input type="checkbox"/> SCC				
07/28/2005	Antonio Faria	<input checked="" type="checkbox"/> IND	Retired	100.00	100.00	250.00 (P06)
	[REDACTED]	<input type="checkbox"/> COM				
	[REDACTED]	<input type="checkbox"/> OTH				
		<input type="checkbox"/> PTY				
		<input type="checkbox"/> SCC				
11/30/2005	Omar Faria	<input checked="" type="checkbox"/> IND	Law enforcement	60.00	160.00	1,160.00 (P06)
	[REDACTED]	<input type="checkbox"/> COM	OC Sheriff's			
	[REDACTED]	<input type="checkbox"/> OTH	Department			
		<input type="checkbox"/> PTY				
		<input type="checkbox"/> SCC				
07/28/2005	Richard Fassel	<input checked="" type="checkbox"/> IND	Deputy Sheriff	100.00	100.00	100.00 (P06)
	[REDACTED]	<input type="checkbox"/> COM	OCSD			
	[REDACTED]	<input type="checkbox"/> OTH				
		<input type="checkbox"/> PTY				
		<input type="checkbox"/> SCC				

SUBTOTAL \$

650.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period	CALIFORNIA FORM 460
from 07/01/2005	
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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

I.D. NUMBER

1264907

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
07/28/2005	Katrina Faulkner [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement OC Sheriff Dept	200.00	700.00	700.00 (P06)
08/10/2005	Joann Fauth [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Secretary City of San Clemente	100.00	100.00	100.00 (P06)
10/19/2005	Christopher Fowler [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Special Projects Officer US Dept of Homeland Security	1,000.00	1,000.00	1,000.00 (P06)
07/28/2005	Richard Franco [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	200.00	200.00	200.00 (P06)
07/28/2005 08/17/2005 11/30/2005	Micheal Gavin [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement OC Sheriff's Department	200.00 100.00 120.00	520.00	920.00 (P06)
07/28/2005	Steve Gil [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement County of Orange	200.00	200.00	200.00 (P06)

SUBTOTAL \$

2,120.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period from <u>07/01/2005</u> through <u>12/31/2005</u>	CALIFORNIA FORM 460
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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
07/28/2005 08/03/2005	Sherri A. Gilman [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00 100.00	200.00	200.00 (P06)
08/17/2005	Julio Gomez [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investigator OCSD	100.00	100.00	100.00 (P06)
07/28/2005	David Guest [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sergeant OCSD	200.00	200.00	200.00 (P06)
12/06/2005	Jeffrey S. Guffey [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement O.C.S.D.	100.00	100.00	100.00 (P06)
07/28/2005	Richard B. Hassett [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00	100.00	100.00 (P06)
11/19/2005	Eric Hatch [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investigator County of Orange	60.00	260.00	260.00 (P06)
SUBTOTAL \$				760.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from <u>07/01/2005</u> through <u>12/31/2005</u>	CALIFORNIA FORM 460
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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/02/2005	Robin D. Hatcher [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Not Received Contribution returned 1/31/06	100.00	100.00	100.00 (P06)
08/17/2005	Lisa Heaney [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Coldwell Banker	50.00	100.00	1,500.00 (P06)
11/30/2005	Dallas Hennessey [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	120.00	220.00	220.00 (P06)
07/26/2005	William R. Herrin [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	300.00	400.00 Includes Non-Monetary Contribution(s)	400.00 (P06)
10/06/2005	George Hill [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1,500.00	1,500.00	1,500.00 (P06)
10/25/2005	Robert E. Hunt [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement FBI	230.00	230.00	230.00 (P06)

SUBTOTAL \$ 2,300.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period from <u>07/01/2005</u> through <u>12/31/2005</u>	CALIFORNIA FORM 460
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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2005	International Armor Corporation [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	150.00 (P06)
12/19/2005	Michael P. Jameson [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Jameson Consulting	400.00	400.00	400.00 (P06)
12/28/2005	Lynne A. Janis [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	120.00	120.00	120.00 (P06)
12/30/2005	Gordon W. Jenkins [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500.00	500.00	500.00 (P06)
07/28/2005	Christoffer M. Jensen [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00	100.00	100.00 (P06)
07/28/2005	Craig E. Johnson [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investigator OCSD	100.00	100.00	100.00 (P06)
SUBTOTAL \$				1,370.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from <u>07/01/2005</u> through <u>12/31/2005</u>	CALIFORNIA FORM 460
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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
07/20/2005	Wendy L. Johnson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Not Received Returned 1/31/06	200.00	200.00	200.00 (P06)
09/01/2005 11/19/2005	Greg Kading [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Detective LAPD	99.00 60.00	159.00	159.00 (P06)
08/10/2005	Steven M. Kalmikov [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00	100.00	100.00 (P06)
12/30/2005	Donald Kappauf [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Broker Kappauf Insurance Agency	500.00	500.00	500.00 (P06)
08/03/2005	John Kelly [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Merchant John Kellys Mens Store	99.00	199.00	199.00 (P06)
07/13/2005	Karl Kepner [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Schleppy's At The Beach	1,000.00	1,000.00	1,000.00 (P06)

SUBTOTAL \$ 2,058.00

Schedule A (Continuation Sheet)

Monetary Contributions Received

Statement covers period

from 07/01/2005

through 12/31/2005

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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

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10/14/2005	Jeff Kidwiler [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Montebello	1,500.00	1,500.00	1,500.00 (P06)
08/24/2005 11/30/2005	Eric Kraus [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Parole Agent State of CA	160.00 120.00	280.00	280.00 (P06)
07/13/2005 09/01/2005	James V. Lacy [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Wewer & Lacy LLP	1,000.00 100.00	1,100.00	1,100.00 (P06)
07/28/2005	Gary Lewellyn [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00	100.00	100.00 (P06)
11/30/2005	Lladnar, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		120.00	120.00	120.00 (P06)
07/28/2005	Jeff Manchester [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00	100.00	100.00 (P06)

SUBTOTAL \$ 3,200.00

Schedule A (Continuation Sheet)
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SCHEDULE A (cont.)

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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

I.D. NUMBER

1264907

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
07/28/2005	Jason Mann [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00	100.00	100.00 (P06)
10/25/2005	Allan R. Mansoor [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement OCSD	100.00	100.00	100.00 (P06)
07/28/2005	Kevin M. Martin [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00	100.00	100.00 (P06)
11/01/2005 11/30/2005 11/30/2005	Jeff A. Mathews [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Compliance Officer Tenet Health System	50.00 60.00 60.00	170.00	170.00 (P06)
08/24/2005	William McGovern [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement OCSD	160.00	660.00	660.00 (P06)
08/17/2005	Paul McHugh [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	1,000.00	1,000.00	1,000.00 (P06)

SUBTOTAL \$ 1,630.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from <u>07/01/2005</u> through <u>12/31/2005</u>	CALIFORNIA FORM 460 Page <u>19</u> of <u>37</u>
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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

I.D. NUMBER

1264907

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/28/2005	David F. Metsker [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	120.00	120.00	120.00 (P06)
12/28/2005	Lorna J. Metzger [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	120.00	120.00	120.00 (P06)
08/17/2005	Bill Moeschablker [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00 (P06)
07/28/2005	Brian Nissen [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	200.00	300.00	300.00 (P06)
11/19/2005 11/19/2005	Michelle Olszewski [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	60.00 60.00	445.00	445.00 (P06)
07/28/2005	Adewale Olukoju [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00	100.00	100.00 (P06)

SUBTOTAL \$ 760.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/09/2005	Ongyah, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	1,500.00 (P06)
10/10/2005	Pacific Oak Security, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	1,500.00 (P06)
12/28/2005 12/28/2005	Marie Parks [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Stellar Sales	60.00 60.00	120.00	120.00 (P06)
12/28/2005 12/28/2005	Theodore B. Parks [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	60.00 60.00	120.00	120.00 (P06)
08/17/2005 11/19/2005	Daniel R. Patchin [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	60.00 60.00	680.00	680.00 (P06)
07/28/2005	Stacey Peck [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher OMSD	100.00	100.00	100.00 (P06)

SUBTOTAL \$ 3,460.00

Schedule A (Continuation Sheet)
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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/28/2005	Deborah A. Peterson [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Loan Officer Trimerica Financial Group	600.00	600.00	600.00 (P06)
08/10/2005	Nathan Phelps [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00	100.00	100.00 (P06)
08/24/2005	Ed Picone [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Technician Kawasaki Motors	100.00	150.00	150.00 (P06)
07/28/2005	Larry Picone [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Assi Security	200.00	300.00	300.00 (P06)
07/28/2005 08/24/2005	Peter Picone [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00 200.00	350.00	350.00 (P06)
07/28/2005	Darrell G. Poncy [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	150.00	150.00 (P06)

SUBTOTAL \$ 1,400.00

Schedule A (Continuation Sheet)

Monetary Contributions Received

Statement covers period

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through 12/31/2005

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1264907

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10/31/2005	Earl J. Prescott [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Funeral Director Saddleback Chapel & Mortuary	500.00	500.00	500.00 (P06)
07/20/2005	David Purser [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00	100.00	100.00 (P06)
08/10/2005	Timothy Pusztai [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00	100.00	100.00 (P06)
10/06/2005	Neil Reich [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00 (P06)
11/30/2005	Randolph A. Rimmey [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement	60.00	145.00	145.00 (P06)
12/19/2005	[REDACTED]	<input type="checkbox"/> COM		25.00		
11/19/2005	[REDACTED]	<input type="checkbox"/> OTH	California Dept. of Justice	60.00		
10/14/2005	William R. Sammons [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement OC Sheriff's Department	1,000.00	1,000.00	1,100.00 (P06)

SUBTOTAL \$ 1,945.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period

from 07/01/2005

through 12/31/2005

CALIFORNIA
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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

I.D. NUMBER

1264907

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
08/17/2005	Susan E. Samuels	<input checked="" type="checkbox"/> IND	Self-employed	300.00	970.00	970.00 (P06)
11/30/2005	[REDACTED]	<input type="checkbox"/> COM		120.00	Includes	
12/28/2005	[REDACTED]	<input type="checkbox"/> OTH	Casual Elegance Furniture	250.00	Non-Monetary Contribution(s)	
		<input type="checkbox"/> PTY				
		<input type="checkbox"/> SCC				
11/30/2005	Joe Sandoval	<input checked="" type="checkbox"/> IND	Deputy Sheriff	120.00	320.00	320.00 (P06)
	[REDACTED]	<input type="checkbox"/> COM				
	[REDACTED]	<input type="checkbox"/> OTH	OCSD			
		<input type="checkbox"/> PTY				
		<input type="checkbox"/> SCC				
08/17/2005	David E. Sawyer	<input checked="" type="checkbox"/> IND	Law Enforcement	300.00	460.00	960.00 (P06)
08/24/2005	[REDACTED]	<input type="checkbox"/> COM		100.00		
	[REDACTED]	<input type="checkbox"/> OTH	Orange County Sheriff's Dept			
		<input type="checkbox"/> PTY				
		<input type="checkbox"/> SCC				
07/28/2005	Janet Sener	<input checked="" type="checkbox"/> IND	Crime Prevention	100.00	150.00	150.00 (P06)
08/17/2005	[REDACTED]	<input type="checkbox"/> COM		50.00		
	[REDACTED]	<input type="checkbox"/> OTH	OCSD			
		<input type="checkbox"/> PTY				
		<input type="checkbox"/> SCC				
12/28/2005	Joann R. Sims	<input checked="" type="checkbox"/> IND	Homemaker	120.00	120.00	120.00 (P06)
	[REDACTED]	<input type="checkbox"/> COM				
	[REDACTED]	<input type="checkbox"/> OTH				
		<input type="checkbox"/> PTY				
		<input type="checkbox"/> SCC				
09/12/2005	Southland Micro Systems	<input type="checkbox"/> IND		1,000.00	1,000.00	1,000.00 (P06)
	[REDACTED]	<input type="checkbox"/> COM				
	[REDACTED]	<input checked="" type="checkbox"/> OTH				
		<input type="checkbox"/> PTY				
		<input type="checkbox"/> SCC				

SUBTOTAL \$

2,460.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from <u>07/01/2005</u> through <u>12/31/2005</u>	CALIFORNIA FORM 460
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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
08/24/2005	Tom Spaulding [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00	300.00	300.00 (P06)
07/28/2005	Jesse Spruil [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00	100.00	100.00 (P06)
08/03/2005 08/17/2005	Burke Stevens [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer All About Smiles	100.00 50.00	350.00	350.00 (P06)
07/28/2005	Shane S. Stewart [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00	100.00	100.00 (P06)
12/30/2005	Valentin Sushkoff [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00 (P06)
08/17/2005	Steven Swiaerski [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investigator OCSD	50.00	100.00	100.00 (P06)

SUBTOTAL \$ 600.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from <u>07/01/2005</u> through <u>12/31/2005</u>	CALIFORNIA FORM 460 Page <u>25</u> of <u>32</u>
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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
07/28/2005	Christopher Tatar [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Sergeant City of Huntington Beach	200.00	200.00	200.00 (P06)
07/28/2005 12/19/2005 11/19/2005	Robert E. Thompson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00 50.00 60.00	310.00 Includes Non-Monetary Contribution(s)	310.00 (P06)
07/28/2005 08/17/2005 11/19/2005	Sandy Trujillo [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator OCSD	200.00 50.00 60.00	410.00	410.00 (P06)
07/28/2005	Charles L. Walters [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00	100.00	100.00 (P06)
08/17/2005	Robert Wank [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00	100.00	100.00 (P06)
07/28/2005	Jeffory Weaver [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	200.00	300.00	300.00 (P06)

SUBTOTAL \$ 1,120.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from <u>07/01/2005</u> through <u>12/31/2005</u>	CALIFORNIA FORM 460
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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2005	Randall L. West [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Anaheim	100.00	100.00	100.00 (P06)
07/28/2005 11/30/2005	Theodore L. Wilder [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00 60.00	160.00	160.00 (P06)
12/28/2005 11/19/2005	Kenda R. Woodward [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	425.00 60.00	485.00	485.00 (P06)
08/03/2005	Roy Woodward [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	300.00	1,300.00	1,300.00 (P06)
08/03/2005	Nick Zappas [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00	100.00	100.00 (P06)
07/28/2005	Larry M. Zurborg [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00	200.00	200.00 (P06)

SUBTOTAL \$ 1,245.00

Schedule B - Part I
Loans Received

SCHEDULE B - Part I

Statement covers period
from 07/01/2005
through 12/31/2005

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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

I.D. NUMBER

1264907

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
William J Hunt [REDACTED] [REDACTED] <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief of Police Services City of San Clemente	\$ 15,000	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 15,000 / / DATE DUE	% 0.000 RATE \$ 0	\$ 15,000 06/30/2005 DATE INCURRED	CALENDAR YEAR \$ 15,000 PER ELECTION \$ 15,000	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION \$	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION \$	
SUBTOTAL		\$	0.00	\$	0.00	\$	15,000.00	\$	0.00

Schedule B Summary

- Loans received this period \$ 0.00
(Total Column (b) plus itemized loans less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 0.00
Enter the net here and on the Summary Page, Column A, Line 2

Schedule C

Non-Monetary Contributions Received

Statement covers period

from 07/01/2005

through 12/31/2005

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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

I.D. NUMBER

1264907

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
11/19/2005	Adele's Cafe, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Gift certificates	40.00	240.00 Includes Monetary Contribution(s)	240.00 (P06) Includes Monetary Contribution(s)
11/19/2005	Aliso Viejo Golf Club [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Gift certificate	320.00	320.00	320.00 (P06)
11/19/2005	All About Smiles [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Gift certificates	275.00	275.00	275.00 (P06)
11/19/2005	Allen Cadillac-GMC [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Golf bag	100.00	100.00	100.00 (P06)
11/19/2005	Always Inn Bed & Breakfast [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		gift certificate	150.00	150.00	150.00 (P06)

SUBTOTAL \$ 885.00

Non-Monetary Contributions Summary

- Amount received this period - non-monetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 7,985.00
- Amount received this period - non-monetary contributions of less than \$100.
(Do not itemize.) \$ 270.00
- Total non-monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) **TOTAL \$ 8,255.00**

Schedule C (Continuation Sheet)
Non-Monetary Contributions Received

SCHEDULE C (cont.)

Statement covers period from <u>07/01/2005</u> through <u>12/31/2005</u>	CALIFORNIA FORM 460
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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
11/19/2005	Mike Betzler [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lieutenant OCSD	Gift certificate	100.00	320.00 Includes Monetary Contribution(s)	320.00 (P06) Includes Monetary Contribution(s)
12/31/2005	Brough Consulting, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Consulting	1,500.00	1,500.00	1,500.00 (P06)
11/19/2005	Casa Tropicana Bed & Breakfast [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Gift certificate	150.00	150.00	150.00 (P06)
11/19/2005	Dana Wharf Sportfishing [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Gift certificates	150.00	150.00	150.00 (P06)
11/19/2005	Gordon James Grill [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Gift certificate	100.00	100.00	100.00 (P06)
11/19/2005	William R. Herrin [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	Misc. sport memorabilia	100.00	400.00 Includes Monetary Contribution(s)	400.00 (P06) Includes Monetary Contribution(s)

SUBTOTAL \$ 2,100.00

Schedule C (Continuation Sheet)
Non-Monetary Contributions Received

SCHEDULE C (cont.)

Statement covers period
from 07/01/2005
through 12/31/2005

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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

I.D. NUMBER

1264907

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
12/31/2005	Sinan Kanatsiz [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Kanatsiz Communications	Consulting	1,500.00	1,500.00	1,500.00 (P06)
12/31/2005	Jeff Montejano [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Kanatsiz Communications	Consulting	1,500.00	1,500.00	1,500.00 (P06)
11/19/2005	Oakley U.S.A. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Sunglasses	1,500.00	1,500.00	1,500.00 (P06)
11/19/2005	Susan E. Samuels [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-employed Casual Elegance Furniture	Painting	300.00	970.00 Includes Monetary Contribution(s)	970.00 (P06) Includes Monetary Contribution(s)
11/19/2005	The Fisherman's Restaurant [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Gift certificate	100.00	100.00	100.00 (P06)
11/19/2005	Robert E. Thompson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	Gift cards	100.00	310.00 Includes Monetary Contribution(s)	310.00 (P06) Includes Monetary Contribution(s)

SUBTOTAL \$ 5,000.00

Schedule E

Payments Made

Statement covers period	CALIFORNIA FORM 460
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through 12/31/2005	Page 31 of 37
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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			
	CODE	OR	DESCRIPTION OF PAYMENT
Brough Consulting, Inc. [REDACTED]	CNS		21,000.00
Classic Casino Parties [REDACTED]	FND		2,715.00
Complete Campaigns [REDACTED]	WEB		1,428.00
SUBTOTAL \$			25,143.00

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 68,048.27
2. Unitemized payments made this period of under \$100.	\$ 148.20
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column(d).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL	\$ 68,196.47

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

Statement covers period from <u>07/01/2005</u> through <u>12/31/2005</u>	CALIFORNIA FORM 460
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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR		DESCRIPTION OF PAYMENT	AMOUNT PAID
County of Orange [REDACTED]	LIT			205.10
Barrett Garcia [REDACTED] [REDACTED]	PRO			1,290.00
Michael Jameson [REDACTED] [REDACTED]	CNS			12,400.00
Offset Solutions, Inc. [REDACTED] [REDACTED]	LIT			5,409.05

SUBTOTAL \$ 19,304.15

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

Statement covers period from 07/01/2005 through 12/31/2005	CALIFORNIA FORM 460
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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR		DESCRIPTION OF PAYMENT	AMOUNT PAID
	CODE	OR		
Kim Picone [REDACTED]	PRT			219.71
Public Opinion Strategies [REDACTED]	POL			13,000.00
Ricardo's Place [REDACTED]	FND			189.00
St. Vincent Jewelry Center [REDACTED]	FND			665.00

SUBTOTAL \$ 14,073.71

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>07/01/2005</u>	through <u>12/31/2005</u>	
		Page <u>34</u> of <u>37</u>
NAME OF FILER <u>William J Hunt, Bill Hunt for Sheriff</u>		I.D. NUMBER <u>1264907</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stitcheree [REDACTED]	CMP			921.26
Westminster Manor [REDACTED]	FND			2,582.50
Christine Wilhelm [REDACTED]	FND			1,000.00
Win Votes.com [REDACTED]	WEB			3,750.00

SUBTOTAL \$ 8,253.76

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

Statement covers period from <u>07/01/2005</u> through <u>12/31/2005</u>	CALIFORNIA FORM 460 Page <u>35</u> of <u>37</u> I.D. NUMBER 1264907
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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			
	CODE	OR	DESCRIPTION OF PAYMENT
Work Works, Inc. [REDACTED] [REDACTED]	WEB		

SUBTOTAL \$ 1,273.65

Schedule F
Accrued Expenses (Unpaid Bills)

SCHEDULE F

Statement covers period from <u>07/01/2005</u> through <u>12/31/2005</u>	CALIFORNIA FORM 460 Page <u>36</u> of <u>37</u>
NAME OF FILER <u>William J Hunt, Bill Hunt for Sheriff</u>	
I.D. NUMBER <u>1264907</u>	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Brough Consulting, Inc. [REDACTED]	CNS	0.00	13,788.29	0.00	13,788.29

SUBTOTALS \$ 0.00 \$ 13,788.29 \$ 0.00 \$ 13,788.29

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for payments for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTAL** ... \$ 13,788.29
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTAL** ... \$ 0.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET** ... \$ 13,788.29

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of an Officeholder or Candidate)

SCHEDULE G

NAME OF FILER William J Hunt, Bill Hunt for Sheriff

Statement covers period		CALIFORNIA FORM 460
from	07/01/2005	
through	12/31/2005	Page 37 of 37
		I.D. NUMBER 1264907

NAME OF AGENT OR INDEPENDENT CONTRACTOR:

Kim Picone

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Vista Print [REDACTED] [REDACTED]	PRT			219.71
SUBTOTAL \$				219.71